

DEPARTMENT OF CHILDREN AND FAMILY SERVICES PAYMENT REQUEST/RECEIVING REPORT

VENDOR NUMBER: VENDOR NAME & ADDRESS:				AGENCY NAME & ADDRESS: AGENCY CONTACT PERSON: AGENCY PHONE NUMBER:		
DESCRIPTION				INVOICE/JOB NUMBER	DATE REC'D	QTY. REC'D.
FY	AGENCY NO.	ORG.	OBJECT	SUB OBJECT	REPT. CAT.	AMOUNT
						\$
						\$
						\$
I certify that the above-listed items are authorized purchases for the Department of Children and Family Services.						
PREPARED BY:		DATE:		SIGNATURE OF AUTHORIZED AGENT		

Submit completed form to: DCFS – Division of Management and Finance
Fiscal Services Section
Payment Management
P.O. Box 3927
Baton Rouge, LA 70821